

State of California  
Department of Food and Agriculture  
Milk and Dairy Food Safety Branch  
1220 N Street  
Sacramento, CA 95814  
(916) 900-5008



## Application for a Vitamin and Mineral Permit

Application is hereby made for a permit to add vitamins or minerals to milk products at:

NAME OF BUSINESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_  
Number Street Unit # City Zip Code

MAILING ADDRESS: \_\_\_\_\_  
Number Street City State Zip

CHECK ONE: Individual Partnership LLC Corporation FED TAX ID#: \_\_\_\_\_ - \_\_\_\_\_

NAME OF OWNER(S) (PLEASE PRINT; if corporation, give name of President):

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

I have read and understand the provisions of Section 624, Title 3, California Code of Regulations:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: After completion of the supplemental form(s), and attaching supplier directions, and supplier statement of compliance with 21CFR Part 184, please return to:

Milk and Dairy Food Safety Branch  
California Department of Food and Agriculture  
1220 N Street  
Sacramento, California, 95814

**A SEPARATE SUPPLEMENTAL FORM (page 2) IS REQUIRED FOR EACH TYPE, AND EACH SEPARATE LEVEL, OF VITAMIN AND/OR MINERAL BEING ADDED.**

A Registered Dairy Inspector's signature must accompany each application before being considered for a permit.

Please be sure all information is COMPLETE & LEGIBLE. A permit cannot be issued if application is incomplete.

\*\*\*\*\***For CDFA Use Only**\*\*\*\*\*

New Application:  Yes  No

I have reviewed the vitamin permit application, method of addition, supplier information and record keeping documents and find them acceptable and recommend issuance of a Vitamin and Mineral Permit.

RDI's Inspector's Signature: \_\_\_\_\_ RDI # \_\_\_\_\_ Date: \_\_\_\_\_

**Vitamin and Mineral  
SUPPLEMENTAL FORM**

Vitamin A     Vitamin D     Both Vitamin A & D     Other (Specify) \_\_\_\_\_

**Copy this page to provide a separate supplemental form for each type, and each separate level of fortification, of vitamin and/or mineral being added.**

Type: \_\_\_\_\_, \_\_\_\_\_

Carrier: \_\_\_\_\_, \_\_\_\_\_

Milk products to which this type, and level, of vitamins are to be added (check all that apply):

Market Milk     Reduced Fat Milk     Lowfat Milk     Nonfat Milk

Flavored Market Milk     Flavored Reduced Fat Milk     Flavored Lowfat Milk     Flavored Nonfat Milk

Milk with Microbial Organisms Added     Egg Nog     Other (specify) \_\_\_\_\_

**Fortification:**

How many quarts or gallons will each cc or ml of supplement fortify? \_\_\_\_\_

Final target level in product: \_\_\_\_\_

**Ingredients:**

List all ingredients of the vitamin or mineral being added: \_\_\_\_\_

**Methods of Addition:**

Please show specific amounts of vitamin and/or mineral, the manner in which it is added, and the location of addition. Please clarify how vitamin or mineral use records are maintained, and how the volumes are confirmed. \_\_\_\_\_

**Storage Facility:**

What are the type of storage facility, and the measuring devices being used? \_\_\_\_\_

Vitamins and/or minerals shall be added according to supplier's directions, a copy of which shall be attached to this application. Volume records (both vitamins added and milk fortified) shall be maintained and available for review by CDFA. The manufacturer shall provide a statement that the vitamin(s) comply with the requirements of Part 184, Title 21 of the Code of Federal Regulations.